

GRAMA RECORDS REQUEST

Requester: _____ **Date of Request:** _____

Organization: _____

Mailing Address: _____

Daytime Telephone: _____

Detailed Description of Record(s) Requested: _____

Nature of Request:

☐ I request to inspect the record(s).

☐ I request copies of the record(s).

☐ I understand that unless waived, I will be responsible for cost of producing the record, which is normally \$.30 per page, and if applicable, for costs incurred in providing the record in the requested format. I authorize costs of up to \$_____

☐ I understand that the Division will contact me if estimated costs are greater than the amount authorized herein and that it will not respond to my request for copies unless I have authorized adequate costs.

☐ I request that the costs of this record request be waived under §§ 63G-2-203(4) because of one or more of the following:

☐ releasing the record primarily benefits the public rather than a person;

☐ the individual requesting the record is the subject of the record, or an individual specified in §§ 63G-2-202(1) or (2); and/or

☐ the requester's legal rights are directly implicated by the information in the record, and the requester is impecunious.

☐ I am requesting expedited response. (Please attach documentation of your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other documentation that demonstrates that you are entitled to expedited response under Utah Code Ann. §§ 63G-2-204(3).)

EXPLANATORY COMMENTS: _____

Please mail your request to:

Records Officer
Division of Occupational & Professional Licensing
160 East 300 South
P.O. Box 146741
Salt Lake City, Utah 84114-6741

PLEASE COMPLETE UNLESS YOU REPRESENT A GOVERNMENTAL ENTITY:

I understand that there are criminal penalties for obtaining a government record by false pretenses. I hereby represent and certify under penalty of perjury that I am the requester and that I: (check all that apply)

- ☐ I am the subject of the record(s).
- ☐ I am the person who provided the information in the record(s).
- ☐ I am the parent or legal guardian of an unemancipated minor or a legally incapacitated individual who is the subject of the record(s).
- ☐ I have a power of attorney from the subject of the record(s) (copy attached).
- ☐ I have a notarized release from the subject of the record(s), or his legal representative, dated within 30 days from the date of this request (copy attached).
- ☐ I am entitled to the record(s) pursuant to a judicial or administrative order (copy attached).
- ☐ I am a contractor or private provider for a governmental entity and the following apply and will be strictly adhered to:
 - ☐ the use of the record will produce a public benefit that outweighs the individual privacy right that protects the record or record series; and
 - ☐ the record or record series requested:
 - ☐ is necessary for the performance of a contract with a governmental entity;
 - ☐ will only be used for the performance of the contract with the governmental entity;
 - ☐ will not be disclosed to any other person; and
 - ☐ will not be used for advertising or solicitation purposes.

Title: _____ Date: _____

PLEASE COMPLETE IF YOU REPRESENT A GOVERNMENTAL ENTITY:

I understand that there are criminal penalties for obtaining a government record by false pretenses. I hereby certify that I am duly authorized to make this request on behalf of _____, a governmental entity who: (Check all that apply).

- ☐ I am entitled by law to inspect the record. Cite law: _____.
- ☐ I am required to inspect the record as a condition of participating in a state or federal program or for receiving state or federal funds. Cite law: _____.
- ☐ I serve as a repository or archives for purposes of historical preservation, administrative maintenance, or destruction.
- ☐ I enforce, litigates, or investigates civil, criminal, or administrative law, and the record is needed for that purpose.
- ☐ I am authorized by state statute to conduct an audit and the record is needed for that purpose.
- ☐ I am one that collects information for presentence, probationary or parole purposes.
- ☐ I am requesting a record or record series which is necessary to the performance of the governmental entity's duties and functions.
- ☐ I am requesting a record or record series which will be used for a purpose similar to the purpose for which the information in the record or record series was collected or obtained.
- ☐ I am requesting a record or record series, the use of which will produce a public benefit that outweighs the individual privacy right that protects the record or record series.

Title: _____ Date: _____

NOTE: YOUR SIGNATURE IN EITHER SECTION ABOVE MUST BE NOTARIZED

STATE OF _____)
COUNTY OF _____) : ss.
SUBSCRIBED to before me this _____ day of _____, _____.

(Seal)

Commission Expires:

NOTARY PUBLIC